PTO/SB/51 (02-01)

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Docket Number (Optional)

REISSUE APPLICATION DECLARATION BY THE INVENTOR	VN169RI	RECE	INED
	į	NOV 1 0	2004
As a below named inventor, I hereby declare that: My residence, mailing address and citizenship are stated below n I believe I am the original, first and sole inventor (if only one name joint inventor (if plural names are listed below) of the subject matt in patent number5,566,169,grantedOctober 15 reissue patent is sought on the invention entitled	ext to my name. Is listed below) or an original, firs er which is described and claimed 5, 1996, and for which a nication Network with Trans	FICE OF F	PETITIONS
is attached hereto. was filed on October 15, 1998 as reissue application and was amended on 5/17/2000 (If applicable)	number <u>09</u> / 173,582		
I have reviewed and understand the contents of the above identifias amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to 37 CFR 1.56. I verily believe the original patent to be wholly or partly inoperative below. (Check all boxes that apply.)	o patentability as defined in		
by reason of a defective specification or drawing.			
X by reason of the patentee claiming more or less than he had	the right to claim in the patent.		
by reason of other errors. At least one error upon which reissue is based is described below reissue, such must be stated with an explanation as to the nature	v. If the reissue is a broadening of the broadening:		*
by reason of claiming only the subject matter of claims 1-1 claim in the original application. Accordingly, new claims 1 comparing claim 16 to original claim 14, claim 14 was limit "transmit memory device," a "plurality of receive datapaths datapaths." As the originally-filed specification makes clear entitled to claim, and therefore new claim 16, which paralled memory," a "transmit memory," "one or more receive datapaths." In addition, Applicant, in combination with independent subject matter of dependent claims 17-57, but did not of Similar errors of claiming less than Applicant was entitled that the original application.	6-141 were added. For exampled to a "receive memory device," and a "plurality of transmit or, this was less than Applicant els original claim 14, recites a "loaths," and "one or more transmit dent claim 16, was entitled to clo so in the original application o claim can be seen from the se	ole, e," a was receive mit data claim subject	

[Page 1 of 2]

Burden Hour State ment: This form is estimated to take 0.5 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SIEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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All errors corrected	d in this reissue application aro ned inventor, I hereby appoint th isact all business in the United St	se witho	ut any deo no attornev	⊷ eptive: (s) and	intentio	on on the	e part of the prosecute this
Name(s)	Registration Nu						
Alan R. Loude	ermilk 32,788						
Correspondence Ad	ddress: Direct all communications	about th	e application	on to:			
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Country	USA		Г			.	
Telephone	408-868-1516 at all statements made herein o		Fax	408-868-1517			
made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.							
Full name of sole or first inventor (given name, family name) GEETHA N.K. RANGAN							
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RICHARD THA					~-		
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Additional joint inve	antors are named on separately numbere	d sheets at	tached hereto	3.			

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Under the Paper work Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number. ADDITIONAL INVENTOR(S) Supplemental Sheet DECLARATION A petition has been filed for this unsigned inventor Name of Additional Joint Inventor, if any: Given Name (first and middle (if any) Family Name or Surname **EDEM** BRIAN C Inventor's Signature Citizenship US Country USA State CA Residence: City Saratoga 14020 Arcadia Palms Dr. Mailing Address 14020 Arcadia Palms Dr. Malling Address Zip 95070 Country USA Saratoga State CA City A petition has been filed for this unsigned inventor Name of Additional Joint Inventor, if any: Family Name or Surname Given Name (first and middle (if any) Inventor's Signature Citizenship State Country Residence: City Mailing Address Mailing Address State Zip Country City Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor Family Name or Surname Given Name (first and middle (if any) **Inventor's** Date Signature Country Citizenship State Residence: City Mailing Address Mailing Address

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including çathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the arr ount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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